

OFFICE OF THE CHIEF OF POLICE

SPECIAL ORDER NO. 1

January 1, 2003

SUBJECT: DEPARTMENT COMPLAINT PROCESS - REVISED

EFFECTIVE: IMMEDIATELY

PURPOSE: In 1998, the Department revised its complaint-reporting procedures to accept, document and investigate all public complaints. This improved our ability to account for such complaints, but impaired the Department's capability for resolving complaints in a timely manner. This negatively impacted complainants, accused employees, as well as field supervisors, whose attention became disproportionately diverted from field duties to investigate the influx of complaints.

The Los Angeles Police Commission recognized this, and directed the Chief of Police to revise the Department's complaint policy to allow greater flexibility in expediting complaints. To facilitate the process, the Commission authorized the creation of complaint resolution procedures as an adjunct to, and in limited circumstances as an alternative to, punitive action.

This Order revises Department policy and procedure regarding the classification, investigation, adjudication, and recordation of complaints. This Order establishes Non-Disciplinary as a new complaint classification, establishes Alternative Complaint Resolution as a method of resolving certain complaints, and activates, deactivates, and revises several Department forms.

POLICY: In its discussion of June 18, 2002, the Board of Police Commissioners adopted in concept the following policy statements for handling public complaints:

- * Hasten resolution of minor complaints;
- * Maintain ability to track and account for complaints;
- * Hasten response to complainants;
- * Improve communication/understanding with the public;
- * Add an alternative dispute resolution component; and,
- * Appropriately and better utilize existing police resources.

PROCEDURE:

I. FORMS. The following Department forms are affected by this Order:

A. Complaint Form, Form 1.28.0 - Revised. The Complaint Form, Form 1.28.0, has been revised as follows:

- * The Complaint Form will now be reproduced in triplicate, which eliminates the need for issuing a separate Personnel Complaint Receipt, Form 1.81.1 (deactivated); and,
- * A preliminary case screening section is added, for use by the watch commander, section officer in charge (OIC), or civilian equivalent, to identify whether a complaint is to be initially handled as Disciplinary or Non-Disciplinary.

1. Use of Form. The form shall be used to document all complaints, and a Complaint Form (CF) number shall be issued for each form.

2. Completion. The form shall be completed by a Department supervisor and approved by a commanding officer or chief investigator before the issuance of a CF number by Internal Affairs Group (IAG).

3. Distribution. The Complaint Form is a triplicate form set with a designated distribution as follows:

- 1 - Original, forwarded to the Commanding Officer, IAG, within two working days of complaint initiation (or in the event of a weekend, the following business day).
- 1 - Copy, issued to complainant upon his/her initiation of an in-person complaint.
- 1 - Copy, mailed to complainant (with CF number) by IAG.

3 - TOTAL

B. Alternative Complaint Resolution Acknowledgement, Form 1.28.06 - Activated. The Alternative Complaint Resolution Acknowledgment, Form 1.28.06, is activated.

1. **Use of Form.** This form is used to document an agreement between the complainant and the involved employee to participate in the Department's Alternative Complaint Resolution (ACR) process.
2. **Completion.** This form shall be signed by all involved parties prior to conducting ACR. The supervisor conducting ACR shall indicate whether ACR was completed by checking the appropriate box and ensuring that the involved parties initial the form.
3. **Distribution.**
 - 1 - Original, attached to and submitted with the Complaint Investigation.

1 - TOTAL

- C. **Complaint Adjudication Form, Form 1.28.05 - Activated.** The Complaint Adjudication Form, Form 1.28.05, is activated and replaces the Notice of Proposed Disciplinary Action, Form 1.88.0 (deactivated), and the Employee Investigative Review, Form 1.88.1 (deactivated).

1. **Use of Form.** This form shall be used to adjudicate all Disciplinary complaints. The form shall also be used to adjudicate Failures to Qualify (FTQ), Failures to Appear (FTA), and Preventable Traffic Collisions (PTC). The form provides an option for a Military Endorsement by the next level reviewer.

Note: The Notice of Proposed Disciplinary Action portion of the form shall only be used for tenured civil service employees, where allegations have been sustained and a suspension/demotion, removal/termination, or directed Board of Rights is recommended.

2. **Completion.** A separate form shall be completed for each employee.

3. Distribution.

1 - Original, attached to the Letter of Transmittal.
1 - Copy, to accused employee.

2 - TOTAL

D. Deactivated Forms. The following forms are hereby deactivated: Notice of Proposed Disciplinary Action, Form 1.88.0; Employee Investigative Review, Form 1.88.1; Complaint History, Form 1.06.2; and, Personnel Complaint Receipt, Form 1.81.1.

II. ACCEPTING COMPLAINTS. A supervisor receiving a complaint in-person, by telephone, or in any written form, shall:

- * Conduct a preliminary investigation, as outlined in *Complaint Investigations: A Guide for Supervisors*;
- * Complete a Complaint Form, summarizing the complaint and the complainant's statements under the Summary portion;
- * Tape-record all interviews. If not practical, supervisors shall include a written justification under the Summary portion of the Complaint Form;
- * Provide the complainant with the bottom copy of the Complaint Form, and advise the complainant that another copy will be mailed out with an assigned case number. If the complaint was made by telephone, leave the triplicate form intact and advise the complainant that a copy will be mailed out by IAG once a case number has been assigned;
- * Attempt to resolve the matter to the satisfaction of the complainant;
- * Determine the complainant's willingness to participate in ACR, if appropriate; and,
- * Submit the Complaint Form and preliminary investigation to the watch commander, section OIC, or civilian equivalent, for review.

III. INITIAL SCREENING OF COMPLAINTS. Upon receipt of a completed Complaint Form submitted by a supervisor, the watch commander, section OIC, or civilian equivalent, shall:

- * Review the Complaint Form for completeness and accuracy, ensuring that a thorough preliminary investigation was conducted;
- * Using the Preliminary Case Screening box on the Complaint Form, classify the complaint as Non-Disciplinary or Disciplinary (See Attachment A for guidelines);
- * When appropriate, facilitate the ACR process; and,
- * Submit the Complaint Form and attachments as soon as practicable to the commanding officer for approval.

Note: Complaints received directly by IAG shall be handled in accordance with established guidelines (Manual Section 3/815.25).

IV. DISCIPLINARY COMPLAINTS. The procedure for handling Disciplinary cases is not changed by this Order.

V. NON-DISCIPLINARY COMPLAINTS. A watch commander, section OIC, or civilian equivalent, may only classify a complaint as Non-Disciplinary when all of the following criteria are met at the time the complaint is initiated:

- * The complaint, as stated, would not amount to the commission of a felony or misdemeanor crime;
- * The complaint, as stated, may not result in discipline against the employee, or the complained of act or omission by the employee has no nexus to the employee's position with the Department;
- * The complaint does not allege any of the following: Unauthorized force; discrimination of any kind; unlawful search and/or unlawful seizure of person or property; dishonesty; domestic violence; improper/illicit use of alcohol, narcotics, or drugs; sexual misconduct; theft, or retaliation/retribution against another employee;
- * The complaint was not as a result of concerns arising out of a criminal prosecution, or, dismissal of California Penal Code Section 148 charges, or otherwise initiated by a judge or prosecutor acting in their official capacity;
- * The accused employee has no apparent pattern of similar behavior (should generally be limited to the past five years) for which he/she is accused; and,
- * The complaint was not initiated in response to civil suits or claims for damages involving on-duty conduct and civil lawsuits regarding off-duty conduct required to be self-reported by employees.

January 1, 2003

- A. Commanding Officer's Role.** A commanding officer who makes a final Non-Disciplinary classification shall review the Complaint Form and select the appropriate disposition:

Note: The commanding officer may reclassify a complaint at any time after an initial classification by the watch commander, section OIC, or civilian equivalent.

- 1. Policy/Procedure.** The facts of the case revealed that the complaint relates to Department policy/procedure and not to a specific employee's actions.

Note: Complaints against Department policy and procedure not specifically addressing an employee's actions shall also be initiated on a Complaint Form. In such cases, the Department shall be named as the accused employee, and the complaint will be adjudicated as Non-Disciplinary. Individuals making complaints against Department policy and procedure shall also be referred to the Department entity having functional oversight of the policy or procedure. If the complainant cannot be satisfied, he/she shall be referred to the Board of Police Commissioners.

- 2. Employee's Actions Did Not Rise to the Level of Misconduct.** A preliminary investigation revealed that the allegations did not rise to the level of misconduct and/or the named employee's actions were protected by law or found to be consistent with Department policy or procedure.

- 3. Employee's Actions Could Have Been Different.** The facts in the complaint revealed the employee's actions could have been different. However, the employee's act or omission is best addressed through corrective action by the employee's commanding officer. The corrective action(s) taken was:

- * Counseling;
- * Training;
- * Comment card;
- * Notice to Correct Deficiencies; or,
- * Referral.

4. **Demonstrably False.** The complaint was demonstrably false, or, demonstrates an irrational thought process, and was consistent with the complainant's established pattern of making chronic or crank complaints.
5. **Department Employee(s) Not Involved.** The preliminary investigation revealed that the complaint did not involve a Department employee(s).
6. **Resolved Through Alternative Complaint Resolution.** The complainant and the employee(s) resolved the complaint through ACR.

B. Adjudication of a Non-Disciplinary Complaint. After approving a complaint's final classification as Non-Disciplinary, the commanding officer shall:

- * Complete and sign the Complaint Form;
- * Meet with and discuss the complaint with the employee, and provide the employee with a copy of the investigation; and,
- * Sign the complainant's reply letter, then forward it with the complaint to the next level of review.

C. Bureau Commanding Officer's Role. Bureau commanding officers reviewing a Non-Disciplinary complaint, shall:

- * Sign the Complaint Form if they concur;
- * Date and send the reply letter to the complainant; and,
- * Ensure that all closed Non-Disciplinary complaints are forwarded to IAG, along with the original completed investigation and a Personnel Complaint Statistical Form, Form 1.19.

Note: The commanding officer's decision on a Non-Disciplinary complaint shall be final unless a substantial justification for changing it can be articulated at the bureau level. If this occurs, the bureau commanding officer will return the Non-Disciplinary complaint to the employee's commanding officer with a written rationale and direction for how to proceed.

D. Role of Internal Affairs Group. Internal Affairs Group shall have no review responsibility for Non-Disciplinary complaints after the CF number is issued. Internal Affairs Group shall close out all Non-Disciplinary

complaints upon receipt from bureaus, and file by CF number in the IAG Miscellaneous Files.

VI. ALTERNATIVE COMPLAINT RESOLUTION - ESTABLISHED. The watch commander, section OIC, or civilian equivalent, may designate a complaint for ACR when all of the following criteria are met:

- * The complaint of the alleged misconduct is Non-Disciplinary, or Disciplinary, but minor in nature (e.g., courtesy, disrespect, or a minor Neglect of Duty, etc.) as alleged by the public;
- * The employee has no apparent pattern of similar behavior (should generally be limited to the past five years) for which he/she is accused; and,
- * The complainant and the employee have agreed to participate in good faith.

Generally, the watch commander, section OIC, or civilian equivalent, shall appoint a supervisor to serve as ACR facilitator. However, nothing in this Order precludes a supervisor who is responding to a complaint in the field from utilizing ACR at the time the complaint is made, with concurrence from the watch commander, section OIC, or civilian equivalent.

Note: Prior to conducting ACR, assigned facilitators shall review training material prepared by IAG in association with this Order.

A. General Guidelines for ACR. When a complainant and/or accused employee indicates a desire for ACR, the process should be expedited. In the event ACR is delayed more than 30 calendar days, absent exigent circumstances, the complaint shall be returned to the commanding officer for classification and adjudication.

Prior to ACR, the complainant shall sign an Alternative Complaint Resolution Acknowledgement. A single ACR session should be sufficient, and all ACR discussions shall be considered confidential.

The presence of outside parties is discouraged; however, the assigned facilitator may exercise discretion in establishing parameters for the ACR session.

Accused employees may not have an employee representative present, nor may a complainant have legal counsel.

Sessions shall not be audio/video recorded. The assigned facilitator shall have the final authority over the ACR session.

Note: When the accused employee insists on the presence of an employee representative during ACR, or the complainant requests legal counsel, complaints shall be returned to the commanding officer for classification and adjudication.

B. Role of Facilitator. The process of resolving conflict requires all parties to be forthright and willing to accept responsibility. In fact, a full and complete discussion of events may include an admission to the complained of behavior. It is understood that this is part of the resolution process and confidentiality will be maintained. However, should a significant act of misconduct (refer to training materials for examples) come to light, the ACR session shall be stopped and the complaint referred for classification and adjudication.

Note: This process does not preclude an assigned facilitator from attempting to resolve the issue through ACR without the employee being present.

C. Complainant or Employee Withdrawal from ACR. If, prior to completing the ACR session, either the complainant or the accused employee chooses to withdraw, the complaint shall be referred to the accused employee's commanding officer for appropriate disposition. Likewise, an assigned facilitator may stop the ACR process and refer the case to the commanding officer for appropriate disposition if one or both parties involved are not participating in good faith.

In any of these cases, the complainant and employee shall be advised of the investigation's outcome via established complaint procedures. No prejudice shall be inferred upon either party for withdrawing from ACR.

If at any time after the ACR session is adjourned, the complainant wants to renew the complaint, no new complaint shall be initiated; and, absent new and significant evidence of serious misconduct, no investigation shall be undertaken. The resolution by ACR shall stand, and no further action relative to the incident may be initiated after the completion of ACR.

D. **Challenge to ACR.** If, based on compelling circumstances, a commanding officer determines ACR is not appropriate (due to either the nature of the complaint or the employee's work history), that commanding officer may override a watch commander's decision, even if ACR has already occurred. If this occurs, the commanding officer shall provide the employee with a written rationale, providing substantial justification.

VII. COMPLAINT ALLEGATION DISPOSITIONS - REVISED. "No Department Employee" is hereby eliminated as a disposition for misconduct allegations.

In addition to the existing disposition classifications for Disciplinary (formerly Misconduct) allegations as outlined in Manual Section 3/820.20, the following alternate dispositions may be used:

- * Other Judicial Review (IAG use only);
- * Insufficient Evidence to Adjudicate;
- * Duplicate; or,
- * Withdrawn by the Chief of Police (IAG use only).

VIII. RECORDATION OF COMPLAINTS. The record and disposition of all complaints, including Unfounded, Exonerated, and Non-Disciplinary complaints, shall be maintained and accessible as part of the Department's Training, Evaluation and Management System (TEAMS), or any similar system subsequently developed. The records for all complaints shall be retrievable based on current record retention policy from the date reported, and access to such records shall be through IAG on a case-by-case basis. Access to such complaint records shall be on a right-to-know/need-to-know basis.

Note: The Office of the Inspector General has full and direct access to Disciplinary and Non-Disciplinary complaint records.

Only Disciplinary complaints in which allegations are Sustained, Not Resolved, or result in a guilty determination at a Board of Rights shall be attributed to the employee's personnel record. All other complaint classifications (including those handled through ACR) shall be filtered from view when the employee's record is being reviewed for pending disciplinary adjudication.

Additionally, Not Resolved allegations shall also be filtered from view when the employee's record is being reviewed for the following:

- * Promotions;
- * Pay grade increases;
- * Transfers; or,
- * Performance reviews.

IX. LETTER OF TRANSMITTAL FORMAT - REVISED. The format for the Letter of Transmittal has been revised. The below listed headings are hereby deleted because the information is now captured on the Complaint Adjudication Form:

- * Penalty;
- * Employee Interview;
- * Commanding Officer's Response to Employee; and,
- * Index.

Non-Disciplinary complaints do not require a Letter of Transmittal.

FORM AVAILABILITY: The Complaint Adjudication Form, Form 1.28.05, the Alternative Complaint Resolution Acknowledgement, Form 1.28.06, and the revised Complaint Form, Form 1.28.0, will be available for ordering from the Department of General Services, Distribution Center, in about 90 days and will be placed on the Department's Local Area Network (LAN). Copies of the forms are attached for duplication and immediate use. Complaint Histories, Form 1.06.2, shall be purged from all employees' divisional personnel packages, bundled by Area/division, and forwarded to IAG by February 28, 2003. All other deactivated forms shall be marked "obsolete" and placed into the divisional recycling bin.

AMENDMENTS: This Order adds Sections 1/220.20, 3/830.23, 3/830.25, 3/830.27, 5/1.28.05, 5/128.06, amends Sections 3/820.10, 3/820.15, 3/820.20, 3/820.30, 3/833, 3/834.50, and deletes Sections 5/1.88.0, 5/1.88.1, 5/1.81.6, 5/1.06.2, and 5/1.81.1 of the Department Manual.

SPECIAL ORDER NO. 1

-12-

January 1, 2003

AUDIT RESPONSIBILITY: The Commanding Officer, Internal Affairs Group, shall monitor compliance with this directive in accordance with Department Manual Section 0/080.30.


WILLIAM J. BRATTON
Chief of Police

Attachments

DISTRIBUTION "D"

Origin of Complaint		Complaint Form				CF No.																																																								
<p>Check one</p> <input type="checkbox"/> Department <input type="checkbox"/> Inspector General <input type="checkbox"/> Verbal <input type="checkbox"/> Correspondence or Letter <input type="checkbox"/> Public Complaint Form <input type="checkbox"/> Electronic (Dept website or internet) <input type="checkbox"/> Claim for Damage or Summons to Lawsuit		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">LAST NAME, FIRST, M.I.</td> <td colspan="2" style="padding: 2px;"><input type="checkbox"/> DEPARTMENT</td> <td style="padding: 2px;">SEX</td> <td style="padding: 2px;">DESC.</td> <td style="padding: 2px;">AGE</td> <td style="padding: 2px;">DOB</td> </tr> <tr> <td colspan="2" style="padding: 2px;">ADDRESS R-</td> <td colspan="2" style="padding: 2px;">CITY</td> <td style="padding: 2px;">ZIP</td> <td colspan="3" style="padding: 2px;">PHONE ()</td> </tr> <tr> <td colspan="2" style="padding: 2px;">B-</td> <td colspan="2" style="padding: 2px;">CITY</td> <td style="padding: 2px;">ZIP</td> <td colspan="3" style="padding: 2px;">PHONE ()</td> </tr> <tr> <td colspan="4" style="padding: 2px;">CAL OP., ID NO., OR DEPT. SERIAL NO.</td> <td colspan="2" style="padding: 2px;">FOREIGN LANGUAGE</td> <td colspan="3" style="padding: 2px;">IV TAPE NO.</td> </tr> </table>				LAST NAME, FIRST, M.I.		<input type="checkbox"/> DEPARTMENT		SEX	DESC.	AGE	DOB	ADDRESS R-		CITY		ZIP	PHONE ()			B-		CITY		ZIP	PHONE ()			CAL OP., ID NO., OR DEPT. SERIAL NO.				FOREIGN LANGUAGE		IV TAPE NO.			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">ARRESTED?</td> <td style="padding: 2px;">BOOKING NO.</td> <td style="padding: 2px;">INJURED?</td> <td style="padding: 2px;">CATEGORICAL UOF</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td style="padding: 2px;"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> <tr> <td colspan="3" style="padding: 2px;">LOCATION OF OCCURRENCE</td> <td style="padding: 2px;">RD</td> </tr> <tr> <td colspan="3" style="padding: 2px;">DATE OF OCCURRENCE</td> <td style="padding: 2px;">TIME OF OCCURRENCE</td> </tr> <tr> <td colspan="3" style="padding: 2px;">DATE REPORTED TO UNINVOLVED SUPERVISOR</td> <td style="padding: 2px;">DATE FORM COMPLETED</td> </tr> </table>				ARRESTED?	BOOKING NO.	INJURED?	CATEGORICAL UOF	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	LOCATION OF OCCURRENCE			RD	DATE OF OCCURRENCE			TIME OF OCCURRENCE	DATE REPORTED TO UNINVOLVED SUPERVISOR			DATE FORM COMPLETED
LAST NAME, FIRST, M.I.		<input type="checkbox"/> DEPARTMENT		SEX	DESC.	AGE	DOB																																																							
ADDRESS R-		CITY		ZIP	PHONE ()																																																									
B-		CITY		ZIP	PHONE ()																																																									
CAL OP., ID NO., OR DEPT. SERIAL NO.				FOREIGN LANGUAGE		IV TAPE NO.																																																								
ARRESTED?	BOOKING NO.	INJURED?	CATEGORICAL UOF																																																											
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO																																																											
LOCATION OF OCCURRENCE			RD																																																											
DATE OF OCCURRENCE			TIME OF OCCURRENCE																																																											
DATE REPORTED TO UNINVOLVED SUPERVISOR			DATE FORM COMPLETED																																																											
<p>Source of Complaint</p> <p>Check one</p> <input type="checkbox"/> Public <input type="checkbox"/> Public-Third Party <input type="checkbox"/> Department <input type="checkbox"/> Department Employee <input type="checkbox"/> Other Law Enforcement Agency <input type="checkbox"/> Judicial Official / Prosecutor <input type="checkbox"/> Attorney																																																														
Brief Summary: (Describe nature of complaint in brief phrases.) <input type="checkbox"/> FTA <input type="checkbox"/> FTQ <input type="checkbox"/> PTC																																																														
REPORTING SUPERVISOR		LAST NAME, FIRST, M.I. (PRINT) SERIAL NO. AREA/DIV. COMPLAINANT SIGNATURE				OR RECEIVED BY PHONE <input type="checkbox"/>																																																								
ACCUSED EMPLOYEE(S): If unknown, complete descriptors. Indicate rank and assignment at time of incident.																																																														
LAST NAME, FIRST, M.I.		<input type="checkbox"/> UNKNOWN		SERIAL NO.	RANK	AREA/DIV	DUTY STATUS	ARRESTED	ASSIGNMENT TYPE <input type="checkbox"/> PATROL <input type="checkbox"/> AREA DET. <input type="checkbox"/> SPEC DIV. <input type="checkbox"/> ADMIN/COVETED <input type="checkbox"/> UNIFORM SEU																																																					
1	SEX	DESC	HAIR	EYES	WT	AGE	ADDL DESCRIPTORS (TATTOOS, BADGE NO., CLOTHING):																																																							
LAST NAME, FIRST, M.I.		<input type="checkbox"/> UNKNOWN		SERIAL NO.	RANK	AREA/DIV	DUTY STATUS	ARRESTED	ASSIGNMENT TYPE <input type="checkbox"/> PATROL <input type="checkbox"/> AREA DET. <input type="checkbox"/> SPEC DIV. <input type="checkbox"/> ADMIN/COVETED <input type="checkbox"/> UNIFORM SEU																																																					
2	SEX	DESC	HAIR	EYES	WT	AGE	ADDL DESCRIPTORS (TATTOOS, BADGE NO., CLOTHING):																																																							
INVOLVED PERSONS																																																														
W - WITNESS INVOLVED PERSONS		TP - THIRD PARTY		P - PARENT		CP - CONTACT PERSON (DOMESTIC VIOLENCE)																																																								
A - ATTORNEY		CO - CO-COMPLAINANT		PO - PARTNER OFFICER (MANDATORY)																																																										
NAME		SEX DESC DOB		R- ADDRESS OR DIVISION OF ASSIGNMENT CITY ZIP		PHONE ()																																																								
CAL OP., ID, OR DEPT. SERIAL NO.		IV TAPE NO.		B-																																																										
NAME		SEX DESC DOB		R- ADDRESS OR DIVISION OF ASSIGNMENT CITY ZIP		PHONE ()																																																								
CAL OP., ID, OR DEPT. SERIAL NO.		IV TAPE NO.		B-																																																										
Preliminary Case Screening																																																														
<ul style="list-style-type: none"> <input type="checkbox"/> The complaint, as stated, would not amount to the commission of a felony or misdemeanor crime. <input type="checkbox"/> The complaint, as stated, may not result in discipline against the employee, or the complained of act or omission by the employee has no nexus to the employee's position with the Department. <input type="checkbox"/> The complaint does not allege any of the following: Unauthorized force; discrimination of any kind; unlawful search and/or unlawful seizure of person or property; dishonesty; domestic violence; improper/illicit use of alcohol, narcotics, or drugs; sexual misconduct; theft; or retaliation/retribution against another employee. Exception: When a complaint is clearly exonerated or unfounded at the time it is initiated, the complaint may be handled as a Non-Disciplinary complaint. <input type="checkbox"/> The complaint was not as a result of concerns arising out of a criminal prosecution, or, dismissal of California Penal Code Section 148 charges, or, otherwise initiated by a judge or prosecutor acting in their official capacity. <input type="checkbox"/> The accused employee has no apparent pattern of similar behavior (should generally be limited to the past five years) for which he/she is accused. <input type="checkbox"/> The complaint was not initiated in response to civil suits or claims for damages involving on-duty conduct and civil lawsuits regarding off-duty conduct required to be self-reported by employees. 																																																														
<i>All boxes in the preliminary case screening must be marked for classification as Non-Disciplinary.</i>																																																														
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						
APPROVAL & INITIAL CLASSIFICATION		<input type="checkbox"/> Non- Disciplinary <input type="checkbox"/> Disciplinary		WATCH COMMANDER				SERIAL NO.																																																						

COMPLAINANT (LAST NAME, FIRST, M.I.)		<input type="checkbox"/> DEPARTMENT	CF No.			
<p>Summary: Include preliminary investigation, additional involved persons, and list any evidence collected; use additional pages if needed and attach any statements taken.</p>						
Supervisor at Scene (If any)		Serial No.	Unit OIC/Watch Commander on Date of Incident	Serial No.		
<input type="checkbox"/> PTC: DR No.		Date of Traffic Collision	Fleet Safety History (Prior PTCs) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 2px;">LAST 5 YEARS</td> <td style="width: 50%; text-align: center; padding: 2px;">CAREER</td> </tr> </table>		LAST 5 YEARS	CAREER
LAST 5 YEARS	CAREER					
<input type="checkbox"/> FTA: Court Date		Court Case No.	FTA History (Sustained only) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 2px;">LAST 5 YEARS</td> <td style="width: 50%; text-align: center; padding: 2px;">CAREER</td> </tr> </table>		LAST 5 YEARS	CAREER
LAST 5 YEARS	CAREER					
<input type="checkbox"/> FTQ: Qualification Month / Year		Reason <small>FORGOT</small> <input type="checkbox"/> <small>SHOT AND FAILED</small> <input type="checkbox"/>	FTQ History (Sustained only) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 2px;">LAST 5 YEARS</td> <td style="width: 50%; text-align: center; padding: 2px;">CAREER</td> </tr> </table>		LAST 5 YEARS	CAREER
LAST 5 YEARS	CAREER					
<p><input type="checkbox"/> Disciplinary</p> <p><input type="checkbox"/> Non-Disciplinary (Check applicable box.)</p> <p class="list-item"> <input type="checkbox"/> POLICY/PROCEDURE – The facts of the case revealed that the complaint relates to Department policy/procedure and not to a specific employee's actions. </p> <p class="list-item"> <input type="checkbox"/> EMPLOYEE'S ACTIONS DID NOT RISE TO THE LEVEL OF MISCONDUCT – A preliminary investigation revealed that the allegations did not rise to the level of misconduct and/or the named employee's actions were protected by law or found to be consistent with Department policy or procedure. </p> <p class="list-item"> <input type="checkbox"/> EMPLOYEE'S ACTIONS COULD HAVE BEEN DIFFERENT – The facts in the complaint revealed the employee's actions could have been different. However, the employee's act or omission is best addressed through corrective action by the employee's commanding officer. The corrective action(s) taken was: (Check all that apply.) </p> <ul style="list-style-type: none"> <input type="checkbox"/> COUNSELING <input type="checkbox"/> TRAINING <input type="checkbox"/> COMMENT CARD <input type="checkbox"/> NOTICE TO CORRECT DEFICIENCIES <input type="checkbox"/> REFERRAL <p class="list-item"> <input type="checkbox"/> DEMONSTRABLY FALSE – The complaint was demonstrably false, or, demonstrates an irrational thought process <u>and</u> was consistent with the complainant's established pattern of making chronic or crank complaints. </p> <p class="list-item"> <input type="checkbox"/> DEPARTMENT EMPLOYEE(S) NOT INVOLVED – The preliminary investigation revealed that the complaint did not involve Department employee(s). </p> <p class="list-item"> <input type="checkbox"/> RESOLVED THROUGH ALTERNATIVE COMPLAINT RESOLUTION (ACR) – The complainant and the employee(s) resolved the complaint through ACR. </p>						
AREA/DIVISION COMMANDING OFFICER <small>NAME</small>		<input type="checkbox"/> APPROVED <input type="checkbox"/> REFERRED FOR DISCIPLINARY CONSIDERATION	GROUP/BUREAU COMMANDING OFFICER <small>NAME</small>			
<small>RANK</small>		<small>AREA/DIVISION</small>	<small>RANK</small>			
<small>SIGNATURE</small>		<small>SERIAL NO.</small>	<small>SIGNATURE</small>			

Origin of Complaint		Complaint Form		CF No.				
Check one <input type="checkbox"/> Department <input type="checkbox"/> Inspector General <input type="checkbox"/> Verbal <input type="checkbox"/> Correspondence or Letter <input type="checkbox"/> Public Complaint Form <input type="checkbox"/> Electronic (Dept website or internet) <input type="checkbox"/> Claim for Damage or Summons to Lawsuit		LAST NAME, FIRST, M.I. <input type="checkbox"/> DEPARTMENT ADDRESS <input type="checkbox"/> CITY <input type="checkbox"/> ZIP <input type="checkbox"/> PHONE () R- B-		SEX	DESC.	AGE	DOB	
Source of Complaint Check one <input type="checkbox"/> Public <input type="checkbox"/> Public-Third Party <input type="checkbox"/> Department <input type="checkbox"/> Department Employee <input type="checkbox"/> Other Law Enforcement Agency <input type="checkbox"/> Judicial Official / Prosecutor <input type="checkbox"/> Attorney		CAL OP., ID NO., OR DEPT. SERIAL NO. <input type="checkbox"/> FOREIGN LANGUAGE <input type="checkbox"/> IV TAPE NO. ARRESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO BOOKING NO. <input type="checkbox"/> YES <input type="checkbox"/> NO INJURED? <input type="checkbox"/> YES <input type="checkbox"/> NO CATEGORICAL UOF <input type="checkbox"/> YES <input type="checkbox"/> NO						
		LOCATION OF OCCURRENCE		RD				
		DATE OF OCCURRENCE		TIME OF OCCURRENCE				
		DATE REPORTED TO UNINVOLVED SUPERVISOR		DATE FORM COMPLETED				
REPORTING SUPERVISOR	LAST NAME, FIRST, M.I. (PRINT)			SERIAL NO.	AREA/DIV.	COMPLAINANT SIGNATURE		OR RECEIVED BY PHONE <input type="checkbox"/>

COMPLAINT ADVISORY INFORMATION

According to California State law, you have the right to make a complaint against a police officer for any improper police conduct. California law requires this agency to have a procedure to investigate community complaints. You have a right to a written description of this procedure. This agency may find after investigation that there is not enough evidence to warrant action on your complaint. Even if that is the case, you have the right to make the complaint and have it investigated if you believe an officer behaved improperly. Complaints and any reports or findings relating to complaints must be retained by this agency for at least five years.

HOW TO MAKE A COMPLAINT. You may make a complaint in person or by calling or writing to any Los Angeles police station or administrative facility. If you write, your complaint does not have to be on any special form. When you make a complaint in person, please ask to speak to a supervisor who can assist you. If you choose to call in your complaint, you may dial toll-free, (800) 339-6868, which is the Internal Affairs Hotline, staffed 24-hours a day. Complaints will also be accepted via facsimile, or electronically via the LAPD website, www.LAPDonline.org. If you choose to file a complaint using a

Complaint Form, forms are available at police facilities, City Council field offices, at the Police Commission, 150 N. Los Angeles Street, and at the Inspector General's office, 201 N. Figueroa Street. At a minimum, your complaint should include important facts, such as where the incident occurred, date and time of occurrence, and the name(s) of the involved employee(s), if known. Postage-paid envelopes are also available.

ALTERNATIVE COMPLAINT RESOLUTION. The Department offers an alternative approach to resolving public complaints through discussions between the complainant, the involved employee(s) and/or the assigned supervisor, with the goal of arriving at a mutual understanding. If this approach to resolving your complaint interests you, please mention it to the supervisor taking your complaint.

WHAT HAPPENS AFTER THE COMPLAINT IS MADE? A Department supervisor will investigate your complaint. The investigation will be assigned to a local police station or to Internal Affairs. The accused employee's commanding officer will review the investigation and render a finding. The findings are reviewed at several other levels, including Internal Affairs. The Chief of Police

will make the final determination on any discipline imposed. You will be notified in writing of the outcome of the findings. We ask your patience, as the process is lengthy but necessary to ensure fairness and thoroughness.

WHAT IF YOU DON'T LIKE THE OUTCOME OF THE INVESTIGATION? Your reply letter will explain the general findings of the investigation and whether any discipline was imposed. Discipline can vary in severity and is not appropriate for every incident. Your reply letter will include the name of the commanding officer who rendered the findings. You may call the commanding officer, or you may also contact the Inspector General of the Police Commission, who is responsible for auditing the Department's discipline system. The Inspector General's office may be reached at (213) 202-5866. The address is 201 N. Figueroa Street, Suite 610, Los Angeles, 90012. When discussing your complaint with any member of the Department, please refer to the Complaint File (CF) number in the upper right corner of this receipt. If the CF number is not issued at the time you make the complaint, it will be mailed to you at the address you provide.

COPY—Given to complainant when complaint is filed.

Los Angeles Police Department

Origin of Complaint		Complaint Form		CF No.				
Check one		LAST NAME, FIRST, M.I.		<input type="checkbox"/> DEPARTMENT	SEX	DESC.	AGE	DOB
<input type="checkbox"/> Department <input type="checkbox"/> Inspector General		ADDRESS R-		CITY	ZIP	PHONE ()		
<input type="checkbox"/> Verbal		B-		CITY	ZIP	PHONE ()		
<input type="checkbox"/> Correspondence or Letter		CAL OP., ID NO., OR DEPT. SERIAL NO.		FOREIGN LANGUAGE		IV TAPE NO.		
<input type="checkbox"/> Public Complaint Form		ARRESTED? <input type="checkbox"/> YES <input type="checkbox"/> NO		BOOKING NO.	INJURED? <input type="checkbox"/> YES <input type="checkbox"/> NO	CATEGORICAL UOF <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Electronic (Dept website or internet)		LOCATION OF OCCURRENCE RD						
<input type="checkbox"/> Claim for Damage or Summons to Lawsuit		DATE OF OCCURRENCE		TIME OF OCCURRENCE				
Source of Complaint		DATE REPORTED TO UNINVOLVED SUPERVISOR		DATE FORM COMPLETED				
Brief Summary: (Describe nature of complaint in brief phrases.) <input type="checkbox"/> FTA <input type="checkbox"/> FTQ <input type="checkbox"/> PTC								
REPORTING SUPERVISOR	LAST NAME, FIRST, M.I. (PRINT)	SERIAL NO.	AREA/DIV.	COMPLAINANT SIGNATURE			OR RECEIVED BY PHONE <input type="checkbox"/>	

COMPLAINT ADVISORY INFORMATION

According to California State law, you have the right to make a complaint against a police officer for any improper police conduct. California law requires this agency to have a procedure to investigate community complaints. You have a right to a written description of this procedure. This agency may find after investigation that there is not enough evidence to warrant action on your complaint. Even if that is the case, you have the right to make the complaint and have it investigated if you believe an officer behaved improperly. Complaints and any reports or findings relating to complaints must be retained by this agency for at least five years.

HOW TO MAKE A COMPLAINT. You may make a complaint in person or by calling or writing to any Los Angeles police station or administrative facility. If you write, your complaint does not have to be on any special form. When you make a complaint in person, please ask to speak to a supervisor who can assist you. If you choose to call in your complaint, you may dial toll-free, (800) 339-6868, which is the Internal Affairs Hotline, staffed 24-hours a day. Complaints will also be accepted via facsimile, or electronically via the LAPD website, www.LAPDonline.org. If you choose to file a complaint using a

Complaint Form, forms are available at police facilities, City Council field offices, at the Police Commission, 150 N. Los Angeles Street, and at the Inspector General's office, 201 N. Figueroa Street. At a minimum, your complaint should include important facts, such as where the incident occurred, date and time of occurrence, and the name(s) of the involved employee(s), if known. Postage-paid envelopes are also available.

ALTERNATIVE COMPLAINT RESOLUTION. The Department offers an alternative approach to resolving public complaints through discussions between the complainant, the involved employee(s) and/or the assigned supervisor, with the goal of arriving at a mutual understanding. If this approach to resolving your complaint interests you, please mention it to the supervisor taking your complaint.

WHAT HAPPENS AFTER THE COMPLAINT IS MADE? A Department supervisor will investigate your complaint. The investigation will be assigned to a local police station or to Internal Affairs. The accused employee's commanding officer will review the investigation and render a finding. The findings are reviewed at several other levels, including Internal Affairs. The Chief of Police

will make the final determination on any discipline imposed. You will be notified in writing of the outcome of the findings. We ask your patience, as the process is lengthy but necessary to ensure fairness and thoroughness.

WHAT IF YOU DON'T LIKE THE OUTCOME OF THE INVESTIGATION? Your reply letter will explain the general findings of the investigation and whether any discipline was imposed. Discipline can vary in severity and is not appropriate for every incident. Your reply letter will include the name of the commanding officer who rendered the findings. You may call the commanding officer, or you may also contact the Inspector General of the Police Commission, who is responsible for auditing the Department's discipline system. The Inspector General's office may be reached at (213) 202-5866. The address is 201 N. Figueroa Street, Suite 610, Los Angeles, 90012. When discussing your complaint with any member of the Department, please refer to the Complaint File (CF) number in the upper right corner of this receipt. If the CF number is not issued at the time you make the complaint, it will be mailed to you at the address you provide.

Los Angeles Police Department
Complaint Adjudication Form

CF No. _____

← Date investigation received by commanding officer as complete

EMPLOYEE: Multiple Employees

LAST NAME, FIRST, M.I.		<input type="checkbox"/> UNKNOWN	SERIAL NO.	RANK AT TIME OF INCIDENT	AREA/DIV. AT TIME OF INCIDENT	DUTY STATUS	ARRESTED
					<input type="checkbox"/> ON <input type="checkbox"/> OFF	<input type="checkbox"/> YES <input type="checkbox"/> NO	
ASSIGNMENT TYPE AT TIME OF INCIDENT		<input type="checkbox"/> PATROL <input type="checkbox"/> AREA DETECTIVE <input type="checkbox"/> ADMIN/COVETED	<input type="checkbox"/> SPECIALIZED DIV <input type="checkbox"/> UNIFORM SEU	COMPLAINANT (LAST NAME, FIRST, M.I.)		<input type="checkbox"/> DEPARTMENT	

ADJUDICATION SUMMARY: Enter allegation number(s) under the respective dispositions. Check Military Endorsement for the disposition recommended.

	SUSTAINED	NOT RESOLVED	UNFOUNDED	EXONERATED	INSUFFICIENT EVIDENCE TO ADJUDICATE	OTHER JUDICIAL REVIEW	PENALTY					
							No Penalty	Admon	OR	Susp (days)	Demotion	Discharge or Term on Probation
Division Commanding Officer							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Area Commanding Officer							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Group Commanding Officer							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Bureau Commanding Officer							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Chief of Police							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

PENALTY RATIONALE: (Explain, if recommendation deviates from Penalty Guide.) PTC (See attached Form 1.13 for findings and penalty recommendation.) Continued on back

DIVISION COMMANDING OFFICER'S SIGNATURE	SERIAL NO.	DATE	EMPLOYEE'S SIGNATURE (ADMONISHMENT ONLY)	SERIAL NO.	DATE
GROUP/AREA COMMANDING OFFICER'S SIGNATURE	SERIAL NO.	DATE	<input type="checkbox"/> Concur <input type="checkbox"/> Military Endorsement (See back page.)		
BUREAU COMMANDING OFFICER'S SIGNATURE	SERIAL NO.	DATE	<input type="checkbox"/> Concur <input type="checkbox"/> Military Endorsement (See back page.)		

Internal Affairs Group: See Only

DEPARTMENT ACTION

 CSC OVERULE BOR - GUILTY (Counts: _____) BOR - NOT GUILTY (Counts: _____)

NAMED EMPLOYEE (LAST NAME, FIRST, M.I.)		<input type="checkbox"/> UNKNOWN	CF No.												
EMPLOYEE INTERVIEW															
EMPLOYEE INVESTIGATION REVIEW		NOTICE OF PROPOSED DISCIPLINARY ACTION													
<p>Other than Sustained, Admonishment, or Official Reprimand</p> <p>This complaint investigation has been completed. A review of the investigation has resulted in the proposed findings listed on the front of this form. You have the opportunity to review the completed investigation, including the letter of transmittal, and to make a written response. Any such response must be in writing and submitted to the commanding officer listed on the front of this form within 30 calendar days of this service. Thirty days from that date will be:</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 10px;"></div>		<p>Notice of Proposed Disciplinary Action</p> <p>This complaint investigation has been completed. A review of the investigation has resulted in the proposed findings listed on the front of this form. You are hereby notified that I am proposing to the Chief of Police that you receive the penalty specified on the front of this form for the allegations sustained in the findings, which are attached to this form. You have an opportunity to respond orally or in writing by:</p> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 10px;"></div> <p>Your response will be reviewed by the Chief of Police for evaluation prior to adjudication of this matter.</p>													
<p>The employee shall initial the boxes that apply:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="width: 75%; padding: 5px;">I have received a copy of the investigative materials.</td> <td style="width: 25%; text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="width: 75%; padding: 5px;">I intend to submit a response.</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">I waive my right to receive a copy of the investigative material.</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">I do not intend to submit a response.</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">I was informed of my right to representation prior to discussing this matter.</td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="padding: 5px;">I have received documentation regarding my fitness and suitability to perform the duties of my position (civilian employees).</td> </tr> </table>				<input type="checkbox"/>	I have received a copy of the investigative materials.	<input type="checkbox"/>	I intend to submit a response.	<input type="checkbox"/>	I waive my right to receive a copy of the investigative material.	<input type="checkbox"/>	I do not intend to submit a response.	<input type="checkbox"/>	I was informed of my right to representation prior to discussing this matter.	<input type="checkbox"/>	I have received documentation regarding my fitness and suitability to perform the duties of my position (civilian employees).
<input type="checkbox"/>	I have received a copy of the investigative materials.	<input type="checkbox"/>	I intend to submit a response.												
<input type="checkbox"/>	I waive my right to receive a copy of the investigative material.	<input type="checkbox"/>	I do not intend to submit a response.												
<input type="checkbox"/>	I was informed of my right to representation prior to discussing this matter.	<input type="checkbox"/>	I have received documentation regarding my fitness and suitability to perform the duties of my position (civilian employees).												
<p>I have discussed this matter with the employee.</p>		<p>Your signature acknowledges receipt of materials, but does not indicate concurrence with my recommendations.</p>													
COMMANDING OFFICER'S SIGNATURE	SER. NO.	DATE	EMPLOYEE'S SIGNATURE												
C/O'S RESPONSE TO EMPLOYEE:		Date response received:													
<input type="checkbox"/> No employee response was submitted by the date specified.		<input type="checkbox"/> After reviewing the employee's response, I found no new information to cause me to change my recommended findings and/or penalty.													
		<input type="checkbox"/> A review of the employee's response has caused me to take the following actions: (See below.)													
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><input type="checkbox"/> See continuation page.</div>															
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><input type="checkbox"/> See continuation page.</div>															
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><input type="checkbox"/> See continuation page.</div>															

CF No. _____

Los Angeles Police Department

ALTERNATIVE COMPLAINT RESOLUTION ACKNOWLEDGEMENT

The confidentiality of this Alternative Complaint Resolution (ACR) session is governed by California Evidence Code Sections 1115-1128. These evidence code sections pertain to the confidentiality and admissibility of evidence.

Specifically, Section 1119, Mediation Confidentiality, in summary provides:

- Anything said or prepared in writing for the purpose of, in the course of, or pursuant to a mediation or a mediation consultation, is inadmissible and not subject to discovery in any arbitration, administrative adjudication, civil action or other non-criminal proceeding; and,
- All communications, consultations, negotiations or settlement discussions by and between participants shall remain confidential.

A communication or a writing, which is confidential under Section 1119, can be admissible or subject to discovery if all persons who conduct or otherwise participate in ACR expressly agree in writing (Section 1122).

Evidence otherwise admissible or subject to discovery outside of mediation or a mediation consultation shall not be or become inadmissible or protected from disclosure solely by reason of its use or introduction in the mediation or mediation consultation (Section 1120).

WE UNDERSTAND AND AGREE THAT THE LOS ANGELES POLICE DEPARTMENT AND ITS REPRESENTATIVES WILL KEEP CONFIDENTIAL ALL STATEMENTS MADE DURING THE ACR SESSION AND THAT WE SHALL NOT SUBPOENA REPRESENTATIVES OF THE LOS ANGELES POLICE DEPARTMENT, NOR ANY DOCUMENTS PREPARED AS A RESULT OF THE PROCEEDINGS.

COMPLAINANT SIGNATURE	DATE			
COMPLAINANT SIGNATURE	DATE			
EMPLOYEE SIGNATURE	PRINT NAME AND RANK	SERIAL NO.	DATE	AREA/DIVISION
EMPLOYEE SIGNATURE	PRINT NAME AND RANK	SERIAL NO.	DATE	AREA/DIVISION
SUPERVISOR SIGNATURE	PRINT NAME AND RANK	SERIAL NO.	DATE	AREA/DIVISION

If, prior to completing the Alternative Complaint Resolution (ACR) session, either the complainant or the accused employee(s) chooses to withdraw, the complaint shall be referred to the accused employee's commanding officer for appropriate disposition. If, at any time after the ACR session is adjourned, the complainant wants to renew the complaint, no new complaint shall be initiated; and, absent new and significant evidence of serious misconduct, the resolution by ACR will stand.

<input type="checkbox"/> I CERTIFY THAT ACR HAS BEEN COMPLETED IN GOOD FAITH BY ALL PARTIES INVOLVED AND NO FURTHER ACTION IS REQUIRED.
(Initial) Supervisor _____ Complainant _____ Officer _____
<input type="checkbox"/> ACR WAS NOT COMPLETED AND THE COMPLAINT IS REFERRED TO THE COMMANDING OFFICER FOR CLASSIFICATION AS DISCIPLINARY OR NON-DISCIPLINARY.
(Initial) Supervisor _____ Complainant _____ Officer _____

DISCIPLINARY/NON-DISCIPLINARY REFERENCE SHEET

The following examples have been provided to assist watch commanders in applying discretion when classifying complaints as either Disciplinary or Non-Disciplinary.

NO DISCRETION

DISCRETION

Criminal Offense

- * Felony
- * Misdemeanor
- * Significant public concern
 - Ethics violations
 - Public corruption
 - Civil Rights violations
 - Excessive force
 - Abuse of authority
 - Unlawful search

- * Infractions
 - "I saw officer park in red zone."
- * Demonstrably false
 - "Illegally searching my home with microwaves."
- * Valid warrant

Neglect of Duty

- * Serious
 - Suspect escape
- * Persistent
 - Repeated violation
- * Intentional
 - Should have known better
- * Self-serving
 - Not handling an assigned call

- * Officer followed policy and procedure
 - Refused to take a report (civil dispute)
 - Refused to respond to my house (barking dog)
 - Should have read me my rights (no interrogation)
 - Should have released my vehicle from impound (followed policy)
- * Delay in service

Violation of Policy or Rule

- * Serious
 - Blatant courtesy
 - Shooting violation
- * Persistent
 - Repeated violation
- * Intentional
 - Should have known better

- * Minor
 - Not leaving 2.90 notice
 - Not giving a business card but providing identification
- * "Street language"
 - Used under stress or to gain compliance (tactic)
- * Telephone disconnected

Unbecoming Conduct

- * Serious
 - Criminal in nature
- * Persistent
 - Prior CUBO
- * Intentional
 - Should have known better
- * Compromises credibility
 - Employee's or Department's

- * Minor
 - Neighbor dispute
 - Business dispute
 - Child custody dispute
 - Inferred courtesy or substandard service
- * No nexus to office
- * Protected right
 - Speech
 - Association
 - Political exercise